

# I FORMALLY REQUEST AN ABSENTEE BALLOT FOR MARCH 1, 2016

All items (1-8) must be completed. You may mail, fax or email this completed form by the deadline of **February 23, 2016**.

PUTNAM COUNTY ELECTION COMMISSION, 705 COUNTY SERVICES DR, COOKEVILLE, TN 38501

PHONE: 931-526-2566

FAX: 931-526-8724

**1) PRINT NAME** \_\_\_\_\_

**2) ADDRESS ON VOTER REGISTRATION** \_\_\_\_\_

**3) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS** \_\_\_\_\_

**4) MY SOCIAL SECURITY # IS** \_\_\_\_\_ **5) MY DATE OF BIRTH IS** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**6) I WISH TO VOTE IN THE **Republican** or **Democratic** Election (You **MUST** circle only **ONE** to vote in the primary)**

**7) MY LEGAL REASON FOR VOTING ABSENTEE (Check One)**

\_\_\_\_ I am over 60 years of age.

\_\_\_\_ I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act (must include mailing address outside county even if emailing the ballot.)

Ballot to be sent: ☐ By-Mail ☐ Email: email address \_\_\_\_\_

\_\_\_\_ I will be outside of this county during all hours of early voting and Election Day (must include mailing address outside county to mail absentee ballot)

\_\_\_\_ I am enrolled as a full-time student (or I am the spouse of a student) at an institution inside Tennessee and outside the county where I am registered.

\_\_\_\_ I am a voter with a disability and my polling place is inaccessible.

\_\_\_\_ I reside in a licensed facility, outside the county, providing relatively permanent domiciliary care (Nursing Home).

\_\_\_\_ I am hospitalized, ill or physically disabled and because of such condition, I am unable to appear at my polling place for this election.

\_\_\_\_ I am a caretaker of a person who is hospitalized, ill or physically disabled.

\_\_\_\_ I am a candidate. \_\_\_\_\_ I am on jury duty in a state or federal court.

\_\_\_\_ I am serving as an election official or a member or employee of the election commission on Election Day.

\_\_\_\_ I am observing a religious holiday that prevents me from voting early or on Election Day.

\_\_\_\_ I have a Commercial Drivers License (CDL) (or I am the spouse of a person possessing a CDL) or I have a Transportation Worker Identification Credential (TWIC), will be out of county during the open hours of early voting & Election Day, & have no specific out-of-county or out-of-state address to receive mail during this time. Enclosed is a copy of my CDL or my spouse's CDL or TWIC card.

\*\*\*The CDL # is \_\_\_\_\_

I swear or affirm, under the penalty of perjury, that all the information on this form is true and correct and that the voter is eligible to vote in the election.

**8) SIGNATURE OF VOTER** \_\_\_\_\_

If voter is unable to sign their name, or receives assistance with this form, the person assisting and one witness must also sign their name and address.

1. \_\_\_\_\_  
Name and address of person assisting

2. \_\_\_\_\_  
Name and address of person witnessing

\*\*\*Notice: A person who applies to vote absentee by mail who is not entitled to do so, commits a felony punishable by not less than one(1) year nor more than six(6) years imprisonment and may be fined up to \$3,000.\*\*\*

**FOR PUTNAM COUNTY ELECTION OFFICE USE:**

**Voter #** \_\_\_\_\_

(Circle One) This Request has been: Approved - Rejected on \_\_\_\_\_ by \_\_\_\_\_

Voting Precinct/District \_\_\_\_\_ Application Signature verified on \_\_\_\_\_ by \_\_\_\_\_

Ballot Sent \_\_\_\_\_ Ballot Rcvd \_\_\_\_\_ Ballot Affidavit Signature verified on \_\_\_\_\_ by \_\_\_\_\_

**For Information about Voting ---- [www.putnamco.org/election](http://www.putnamco.org/election)**